

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRI
(Other instructions
reverse side)

DATE
on file

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

c15F

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT" for such proposals.)

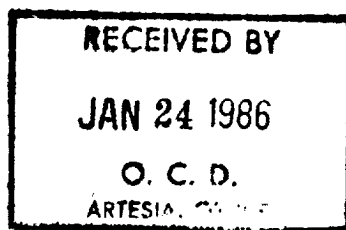
1. OIL WELL ☒ GAS WELL ☐ OTHER ☐	5. LEASE DESIGNATION AND SERIAL NO. NM-57261
2. NAME OF OPERATOR Challenger Energy, Inc. ✓	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P.O. Box 1262, Artesia, NM 88210	7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 505' FSL and 930' FEL, Section 12	8. FARM OR LEASE NAME Picou Federal
14. PERMIT NO.	9. WELL NO. #1
15. ELEVATIONS (Show whether OF, RI, OR, etc.) 3033.4'	10. FIELD AND POOL, OR WILDCAT Brushy Draw-Delaware
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 12, T-26S, R-29E
	12. COUNTY OR PARISH Eddy
	13. STATE NM

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT OFF ☐	PULL OR ALTER CASING ☐	WATER SHUT-OFF ☐	REPAIRING WELL ☐
FRACTURE TREAT ☐	MULTIPLE COMPLETE ☐	FRACTURE TREATMENT ☐	ALTERING CASING ☐
SHOOT OR ACIDIZE ☐	ABANDON* ☐	SHOOTING OR ACIDIZING ☐	ABANDONMENT* ☐
REPAIR WELL ☐	CHANGE PLANS ☐	(Other) Change Designation of Operator ☒	
(Other) ☐		(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

See attached Designation of Operator. Changed from Columbia Energy, Inc. to Challenger Energy, Inc.



18. I hereby certify that the foregoing is true and correct

SIGNED Mary Baker

TITLE Bookkeeper

DATE 1/17/86

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE 1-23-86

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

Post ID-3
1-31-86
Chg Op Name